	Application or Docket Number													
PATENT APPLICATION FEE DETERMINATION RECORD														
Effective October 1, 2003 0 /13.5 5 8 8														}
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN														
(Column 1) (Column 2)											OR	SMALL	ENTITY	
TC	TAL CLAIMS		52				[RATE	E	FEE		RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		OR	BASIC FEE	770.00		
TO	TAL CHARGEA	BLE CLAIMS	52 minus 20=		• 32		ı	X\$ 9=			OR	X\$18=	288	
IND	EPENDENT CL	AIMS	2 minus 3 =		. 0		Ī	X43=			OR	X86=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+145=			OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	L	TOTA			OR	TOTAL	4000	1058
**									- 1		1	OTHER		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	LL E	ENTITY	OR	SMALL		
		CLAIMS	i I	· HIGH	EST		ſ			ADDI-			ADDI-	
TA	101218	REMAINING AFTER		NUM PREVIO		PRESENT EXTRA	ı	RATE	፤	TIONAL		RATE	TIONAL FEE	
	1200	AMENDMENT		PAID	FOR		ŀ		\dashv	FEE			FEE	
AMENDMENT A	Total	• 52	Minus	** 3	2	= (1	X\$ 9:	-		OR	X\$18=		
ME	Independent	. 2	Minus	***	<u>3_</u>		ı	X43=	:		OR	X86=] -
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 4 45				+290=		
•								+145			OR		ļ	4
•	•	•					F	TOT ADDIT. F			OR	TOTAL ADDIT, FEE		1
	٠	(Column 1)							<u>]</u> .					
<u> </u>	1/	CLAIMS		(Colui		PRESENT				ADDI-			ADDI-	
	2304	REMAINING AFTER		PREVI	OUSLY	EXTRA		RATE		TIONAL	, .	RATE	TIONAL FEE	· .
	901	AMENDMENT	<u> </u>	PAID	FOR				\dashv	FEE			<u> </u>	1
AMENDMENT B	Total	• 43	Minus	** 5	2	= /		X\$ 9	_		OR	X\$18=		1
S	Independent 2 3 minus 2 2 2							X43=			OR	X86=		4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145	=		OR	+290=		
• .									TAL.		OR	TOTAL		1
			ADDIT. F	EE		1	ADDIT. FEE		7					
	,	(Column 1)			mn 2) ÆST	(Column 3)	-				1		ADDI-	-
ပ	`	CLAIMS REMAINING	[NUN	ABER	PRESENT		DATE	_	ADDI- TIONAL		RATE	TIONAL	
E		AFTER AMENDMENT			OUSLY .	EXTRA		RATE	-	FEE			FEE	1
AMENDMENT C	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=		
AEN	Independent	*	Minus	***		8	 	X43:				X86=		
Æ	CIDST DRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIN		1		_		OB		 	1

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

+145=

+290=

ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

**The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.